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## IN THE UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA

In Re:	Renee D. Short	: Bankruptcy No. 14-22312
	Debtor	; ;
	Debtor	: Chapter 13
Movan	ıt	:
		: Related to Document No.
	v.	:
		:
Dognos	ndent (if none, then "No Respondent")	; ;
Kespoi	• • •	
	AMENDMENT C	COVER SHEET
Amend	ment(s) to the following petition, list(s), schedule(s) or	statement(s) are transmitted herewith:
	Voluntary Petition - Specify reason for amendment:	
*	Official Form 6 Schedules (Itemization of Changes Mu	ast Be Specified)
	Summary of Schedules	• ,
	Schedule A - Real Property	
	Schedule B - Personal Property	
	Schedule C - Property Claimed as Exempt	
	Schedule D - Creditors holding Secured Claims	
	Check one:	
	Creditor(s) added	
	NO Creditor(s) added Creditor(s) deleted	
	Schedule E - Creditors Holding Unsecured Priority Cla	sime
	Check one:	
	Creditor(s) added	
	NO Creditor(s) added	
	Creditor(s) deleted	
	Schedule F - Creditors Holding Unsecured Nonpriority	Claims
	Check one:	
	Creditor(s) added	
	NO Creditor(s) added	
	Creditor(s) deleted	
	Schedule G - Executory Contracts and Unexpired Leas	ses
	Check one:	•
	Creditor(s) added	
	NO Creditor(s) added	
	Creditor(s) deleted	
	Schedule H - Codebtors	
<u>X</u>	Schedule I - Current Income of Individual Debtor(s)	m(c)
	Schedule J - Current Expenditures of Individual Debtor Statement of Financial Affairs	1(0)
•	Chapter 7 Individual Debtor's Statement of Intention	
	Chapter 11 List of Equity Security Holders	
	Chapter 11 List of Creditors Holding 20 Largest Unsec	cured Claims
	Disclosure of Compensation of Attorney for Debtor	VVA WW CANALLED
	Other	

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## NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Fed.R.Bankr.P. 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the U.S. Trustee, the trustee in this case, and to entities affected by the amendment as follows:

Date	September 15, 2017	/s/ E. Vernon Parkinson	
		Attorney for Debtor(s) [or pro se Debtor(s)]	
		E. Vernon Parkinson	
		(Typed Name)	
		428 Forbes Avenue	
		Suite 1240	
		Pittsburgh, PA 15219	
		(Address)	
		412-391-1014	
		(Phone No.)	
		77729	
		List Bar I.D. and State of Admission	

Note: An amended matrix of creditors added by the amendment must be submitted on disk with the amendment. Attorneys filing electronically on the Case Management/Electronic Case Filing System may add creditors to the case electronically.

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Fill	in this information	n to identify your ca	ase:	**:							
Deb	otor 1	Renee D. Sh	ort								
	otor 2 use, if filing)						-				
Unit	ted States Bankr	uptcy Court for the:	WESTERN DISTRICT	OF PENNS	YLVANIA		-				
	se number	4-22312						eck if this is: An amended	•		
							□	A supplement 13 income as			chapter
<u>O</u> 1	fficial Forr	<u>n 106l</u>						MM / DD/ YY	· · · · · · · · · · · · · · · · · · ·		
S	chedule I	: Your Inco	ome								12/15
spoi	use. If you are s ch a separate sl	eparated and you	are married and not filir r spouse is not filing wi On the top of any addition	th vou. do n	ot include infe	orma	ation abo	out your spot	use. If mor	e space is r	ieeded,
1.	Fill in your em information.	ployment		Debtor 1				Debtor 2	or non-filiı	ng spouse	
	If you have more than one job, attach a separate page with		Employment status	Employed			☐ Employed				
	information abo			☐ Not em	ployed			☐ Not en	nployed		
	, ,	ne, seasonal, or	Occupation	RN - Sup Mgmt	ervisor - Me	dic	al				
	self-employed		Employer's name		ealth Plan, Ir	nc.					
	Occupation ma	ay include student	Employer's address								_
	or nomemaker	, п п арриос.	Employer 3 address		rop Street jh, PA 15213	3					
			How long employed t	here?	9 years			_			
Par	rt 2: Give	Details About Mor	nthly Income	_							
Esti		ncome as of the d	ate you file this form. If	you have not	hing to report t	for a	ny line, w	rite \$0 in the	space. Incli	ude your nor	n-filing
lf yo mor	ou or your non-fili e space, attach a	ing spouse have mo a separate sheet to	ore than one employer, co this form.	ombine the in	formation for a	all en					ou need
							For [	Debtor 1	For Deb non-filin	tor 2 or g spouse	
2.	List monthly gedeuctions).	gross wages, sala f not paid monthly,	ry, and commissions (b calculate what the month!	efore all payr ly wage woul	oll d be.	2.	\$	6,632.00	\$	N/A	
3.	Estimate and	list monthly overt	ime pay.		;	3.	+\$	0.00	+\$	N/A	
4.	Calculate gro	ss Income. Add lii	ne 2 + line 3.			4.	\$6	,632.00_	\$	N/A	

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Deb	tor 1	Renee D. Short	-	(	Case r	number (if kr	own)	_	14-2231	12		<u>.                                    </u>
					For	Debtor 1		~	For Del			
	Cop	by line 4 here	4.		\$	6,632	2.00		\$		N/A	-
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5a		\$	1,913	3.36	ì	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$_		00.0	_	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c.		\$_	(	00.0	,	\$		N/A	-
	5d.	Required repayments of retirement fund loans	5d	•	<b>\$</b> _		0.00	_	\$		N/A	
	5e.	Insurance	5е	٠.	\$	331		_	\$		N/A	-
	5f.	Domestic support obligations	5f.		\$	(	0.00	<u>,                                     </u>	\$		N/A	-
	5g.	Union dues	5g		\$_	(	0.00	ī	\$		N/A	-
	5h.	Other deductions. Specify: Parking	5h	.+	\$	176	3.00	) +	· \$		N/A	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.		\$	2,420	).96	_ j_	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	4,211	1.04	Ŀ	\$		N/A	-
8.	List 8a.	t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	ı <b>.</b>	\$	(	0.00	)	\$		N/A	
	8b.	•	8b	١.	\$		0.00		\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$	1,034			\$		N/A	
	8d.		8d		\$		0.00	_	\$		N/A	
	8e.	• • • • • • • • • • • • • • • • • • • •	8e	<b>:</b> .	\$	,	0.00	<u>'</u>	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		\$		0.00	_	\$		N/A	
	8g.	Pension or retirement income	8g		\$_		0.00	_	\$		N/A	_
	8h.	Other monthly income. Specify:	8h	1.+	\$_		0.00	<u>)</u> +	- \$		N/A	_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	1,034	4.00	)	\$		N/A	4
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		5,245.04	+	\$		N/A	= \$	5,245.04
10.		d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				0,2-10.0-1		_				0,2 :0:0 :
11.	Incl oth Do	Ite all other regular contributions to the expenses that you list in Schedule lude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not exify:	r depe							edule 11.		0.00
12.	Wri	d the amount in the last column of line 10 to the amount in line 11. The re- ite that amount on the Summary of Schedules and Statistical Summary of Certa blies	sult is ain Lia	th abil	e con ities a	nbined mo and Relate	nthl: d <i>Di</i>	y ind ata,	come. if it	12.	\$	5,245.04
13	Do	you expect an increase or decrease within the year after you file this form	1?								Combi month	ned ly income
10.	<b>=</b>	No.										
	П	Yes. Explain:				,	_					

Fill	in this information to identify your case:				
Debi	tor 1 Renee D. Short			if this is: n amended filing	
Debi	tor 2 buse, if filing)			supplement showing supplement supplem	ng postpetition chapter ne following date:
Unite	ed States Bankruptcy Court for the: WESTERN DISTRICT OF PENN	ISYLVANIA	N	IM / DD / YYYY	
	e number 14-22312 nown)				
Of	fficial Form 106J				
	chedule J: Your Expenses				12/15
info	as complete and accurate as possible. If two married people a ormation. If more space is needed, attach another sheet to this nber (if known). Answer every question.	re filing together, both form. On the top of ar	are equal ny addition	ly responsible for al pages, write yo	supplying correct our name and case
Par	t 1: Describe Your Household Is this a joint case?				
1.	■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household? ☐ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expense	s for Separate Househo	<i>ld</i> of Debto	r 2.	
2.	Do you have dependents? No	D d	-1-1 4	Damandanii	Dana danamdant
	Do not list Debtor 1 and Debtor 2.   Yes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2	snip to	Dependent's age	Does dependent live with you?
	Do not state the dependents names.	Son		9	□ No ■ Yes
		Son		12	□ No ■ Yes
					□ No □ Yes
					□ No
3.	Do your expenses include expenses of people other than yourself and your dependents?				□ Yes
Est	t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless penses as of a date after the bankruptcy is filed. If this is a supplicable date.	you are using this forr plemental <i>Schedule J</i> ,	n as a sup , check the	plement in a Chap box at the top of	oter 13 case to report the form and fill in the
the	lude expenses paid for with non-cash government assistance value of such assistance and have included it on <i>Schedule I:</i> ficial Form 106I.)			Your expe	nses
4.	The rental or home ownership expenses for your residence. payments and any rent for the ground or lot.	Include first mortgage	4. \$		0.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	Home maintenance, repair, and upkeep expenses     Homeowner's association or condominium dues		4c. \$ 4d. \$		<u>175.00</u> 0.00
5.	Additional mortgage payments for your residence, such as h	ome equity loans	5. \$		0.00

Deb	btor 1 Renee D. Short	Case number	(if known) 14-22312
6.	Utilities:	6a. \$	050.00
	6a. Electricity, heat, natural gas	6b. \$	250.00
	6b. Water, sewer, garbage collection	•	100.00
	6c. Telephone, cell phone, Internet, satellite, and cable se		300.00
_	6d. Other. Specify:	6d. \$	0.00
7.	Food and housekeeping supplies	7. \$	800.00
8.	Childcare and children's education costs	8. \$	1,083.00
9.	Clothing, laundry, and dry cleaning	9. \$	150.00
	Personal care products and services	10. \$	125.00
11.	•	11. \$	200.00
12.	. Transportation. Include gas, maintenance, bus or train fare	12. \$	300.00
10	Do not include car payments.	· · · · · · · · · · · · · · · · · · ·	50.00
	Entertainment, clubs, recreation, newspapers, magazine	13. \$	
	. Charitable contributions and religious donations	14. Φ	100.00
15.	<ul> <li>Insurance.</li> <li>Do not include insurance deducted from your pay or included</li> </ul>	d in lines 4 or 20	
	15a. Life insurance	15a. \$	30.00
	15b. Health insurance	15b. \$	0.00
		15c. \$	80.00
	15c. Vehicle insurance	15d. \$	0.00
40	15d. Other insurance. Specify:	· · · · · · · · · · · · · · · · · · ·	0.00
16.	. Taxes. Do not include taxes deducted from your pay or inclusions.	ided in lines 4 or 20.	0.00
47	Specify:	10. ψ	0.00
17.	. Installment or lease payments: 17a. Car payments for Vehicle 1	17a. \$	0.00
	17b. Car payments for Vehicle 2	17b. \$	0.00
	17c. Other. Specify:	17c. \$	0.00
	17d. Other. Specify:	17d. \$	0.00
10	Your payments of alimony, maintenance, and support th	·	0.00
10.	deducted from your pay on line 5, Schedule I, Your Inco.	me (Official Form 1061) 18. \$	0.00
19	. Other payments you make to support others who do not		0.00
	Specify:	19.	
20.	. Other real property expenses not included in lines 4 or 5	of this form or on Schedule I: Your	Income.
	20a. Mortgages on other property	20a. \$	0.00
	20b. Real estate taxes	20b. \$	0.00
	20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
	20e. Homeowner's association or condominium dues	20e. \$	0.00
21.	. Other: Specify: Miscellanous	21. +	
	Kids Activities	+5	
	Tuition for Debtor to Ohio University	+	
	Tullion for Debtor to Onlo Oniversity		120.00
22.	. Calculate your monthly expenses		
	22a. Add lines 4 through 21.		\$4,176.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, fr	om Official Form 106J-2	\$
	22c. Add line 22a and 22b. The result is your monthly expe	nses.	\$ 4,176.00
	•		
23.	. Calculate your monthly net income.		
	23a. Copy line 12 (your combined monthly income) from S		5,245.04
	23b. Copy your monthly expenses from line 22c above.	23b\$	4,176.00
	23c. Subtract your monthly expenses from your monthly in	come. 23c. \$	1,069.04
	The result is your monthly net income.	230. Ψ	1,000.07
24	De veu expect en ingresse et destaces in veur systematic	a within the year after you file this fo	rm?
∠4.	<ul> <li>Do you expect an increase or decrease in your expense</li> <li>For example, do you expect to finish paying for your car loan within t</li> </ul>	s within the year after you me this to he year or do you expect your mortgage pay	ment to increase or decrease because of a
	modification to the terms of your mortgage?	Jou. of do Jou expoor Jour mongage pay	
	■ No.		
	☐ Yes. Explain here:		